

**TranspARTation Grant
FY2014 Final Report Form**

Deadline: 30 days after completion of the field trip

Grant #: _____

School Name: _____
Contact person for this report: _____
Contact's phone number: _____
Contact's email address: _____
Activity begin date: _____ End date: _____
Number of students who benefitted from the program: _____
Number of adults who benefitted from the program: _____

Financial Report

Grant amount awarded by Kentucky Arts Council: _____
Number of buses used for field trip: _____

Narrative Report

Please use a maximum of two pages to respond to this item and attach it to this final report form.

Briefly describe the field trip. What was the arts experience? Please address how the students and school benefited from the program, how you measured the impact of the program on all participants (teachers and students), and how the trip will continue to be used throughout the school year. You may include any additional evidence of the impact of the TranspARTation Grant such as pictures, newspaper articles or student responses.

Please also include any comments about the organization's programming at the end of your narrative.

Evaluate the organization's programming on a scale of 1 (low) to 5 (exemplary):

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • How the educational programs enhanced or broadened your students' experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use of quality educational materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge.

All signatures must be in RED ink.

Preparer's Typed Name: _____ Title: _____

Preparer's Signature: _____ Date: _____

Mailing address for final report:
Kentucky Arts Council
21st Floor, Capital Plaza Tower
500 Mero St.
Frankfort, KY 40601
502-564-3757